

**Statement of Organization  
Recipient Committee**

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

# 1386395

06/28/2016

Date qualified as committee  
(If applicable)

☐ Termination – See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp

City of Brentwood

JUL 01 2016

City Clerk

**CALIFORNIA  
FORM 410**

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

John D Fink for City Council 2016

STREET ADDRESS (NO P.O. BOX)

1025 Pacific Grove Ct

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Brentwood

CA

94513

(925)550-8479

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

8667120045 / jdfink@comcast.net

COUNTY OF DOMICILE

Contra Costa

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Brentwood

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Stacey Maher

STREET ADDRESS (NO P.O. BOX)

761 Second St

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Brentwood

CA

94513

(925)642-1605

NAME OF ASSISTANT TREASURER, IF ANY

John D Fink

STREET ADDRESS (NO P.O. BOX)

1025 Pacific Grove Ct

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Brentwood

CA

94513

(925)550-8479

NAME OF PRINCIPAL OFFICER(S)

Jennifer L Fink

STREET ADDRESS (NO P.O. BOX)

1025 Pacific Grove Ct

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Brentwood

CA

94513

(925)516-6877

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 06/28/2016  
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 06/28/2016  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 06/28/2016  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

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COMMITTEE NAME

John D Fink for City Council 2016

I.D. NUMBER

1386395

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Wells Fargo Bank	(925)513-6000	5138774400	
ADDRESS	CITY	STATE	ZIP CODE
1115 2nd Street	Brentwood	CA	94513

## 4. Type of Committee Complete the applicable sections.

### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
John D Fink	City Council	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

### Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>